


## Crunch Byte Photo Release Form

Help us gather crunch bytes (videos, photos, etc.) to share in future Montana Crunch Time resources by sending your crunch bytes along with the following release form for each child or adult that appears in the video or photo to Aubree Roth, Montana Team Nutrition Program, P.O. Box 173370, Bozeman MT 59717-3370 or by email at [aubree.roth@montana.edu](mailto:aubree.roth@montana.edu).

 <p><b>Montana Office of Public Instruction</b> Denise Juneau, State Superintendent In-state toll free 1-888-231-9393 <a href="http://opi.mt.gov">opi.mt.gov</a></p>	<h1>RELEASE FORM</h1>										
<p>I authorize the OPI to use the</p> <table border="0"><tr><td><input type="checkbox"/> work</td><td><input type="checkbox"/> artwork</td></tr><tr><td><input type="checkbox"/> vocal recording</td><td><input type="checkbox"/> music</td></tr><tr><td><input type="checkbox"/> name</td><td><input type="checkbox"/> poetry, essays, or other literary works</td></tr><tr><td><input type="checkbox"/> quotations</td><td><input type="checkbox"/> photograph or likeness</td></tr><tr><td colspan="2"><input type="checkbox"/> other: _____</td></tr></table> <p>Of _____ (print name of minor or individual) on the website, in brochures, and in other printed or digital publications developed by OPI. I understand the Internet is accessible to the general public. The OPI shall not be responsible for any use of the above by individuals accessing the Internet. If I subsequently indicate in writing that I would like any of the above to be withdrawn from the web site or not used in future brochures or other printed or digital publications, OPI agrees cease use within sixty (60) days from receipt of my written request.</p> <p>Such request should be mailed to: Montana Office of Public Instruction OPI Contact: P.O. Box 202501 Helena, Montana 59620-2501</p> <p>If the person named above is a minor, I am the parent or legal guardian of the minor and consent to the use of the above subject as described above. I have the legal right to issue such consent.</p> <p>Signature: _____</p> <p>(Print Name) _____</p> <p>Phone number: _____</p> <p>Address: _____</p> <p>Date: _____</p> <p>OPI Contact: _____</p>		<input type="checkbox"/> work	<input type="checkbox"/> artwork	<input type="checkbox"/> vocal recording	<input type="checkbox"/> music	<input type="checkbox"/> name	<input type="checkbox"/> poetry, essays, or other literary works	<input type="checkbox"/> quotations	<input type="checkbox"/> photograph or likeness	<input type="checkbox"/> other: _____	
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Approved by State Superintendent Denise Juneau May 1, 2012